

LETTER TO THE EDITORS

NOMENCLATURE OF TONSILLITIS.

THE EDITORS,

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SIRS,—When one reads the many books on Diseases of the Throat one is struck with the varied nomenclature used in describing the different forms of Tonsillitis.

In a treatise which I sent to the University of Edinburgh some years ago, I suggested that the different forms of tonsillitis should be definitely named.

For instance, the term “follicular tonsillitis” is used when “lacunar tonsillitis” should be employed. The two conditions are quite different.

If the specific diseases, such as Diphtheria, Tubercle, Syphilis, and the Exanthemata are omitted, the following terms might be considered:—

1. Simple Catarrhal Pharyngitis, involving the tonsil superficially.

2. *An inflammation of the crypts or lacunæ with cloudy swelling or detachment of the epithelial lining.* This is evidenced by slight swelling of the tonsil, pouting of the lacunæ in the mouths of which may be seen white matter, a mixture of cells, saliva, mucus and bacteria. It is Lacunar Tonsillitis.

3. Follicular Tonsillitis, where there is bacterial invasion of the follicles or lymphoid nodules of the tonsil with the formation, eventually, of pin-point abscesses. This affects the whole tonsil. Yellow-white pus is seen in the mouths of the lacunæ as the abscesses burst into the lumina of the crypts.

4. Abscess formation: this is caused by the coalescence of the small pin-point abscesses. This is an intratonsillar abscess and not peritonsillar. Here the tonsil is not “buried” under a swollen and œdematous soft palate. The tonsil is angry, and projects into the faucial space. I find far more of this kind of abscess than the peritonsillar variety. They are harder to detect and are mistaken for the so-called “Acute Parenchymatous Tonsillitis.” I saw a child who had an encysted abscess in a huge tonsil: it was diagnosed as a neoplasm; I removed it, and Dr Pearson, our pathologist, confirmed the diagnosis of chronic encysted abscess with a thick and adherent capsule. (Peritonsillitis is a different entity and may or may not be associated with the preceding tonsillitis.) What other forms of tonsillitis are there, apart from the exceptions mentioned?

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